

Filing Date 10/20/2003	<input type="checkbox"/> To be Mailed
---------------------------	---------------------------------------

SMALL ENTITY

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.